

Viatical Settlement Broker Report

Calendar year
200__

Viatical Settlement Broker's Name _____

All States and Territories

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|-------------------|---|---|--|---|---|--|--------------------------------------|--|---------------------|---|---|--|---|---|--|--------------------------------------|
| States | Are you doing business in this state? (Y/N) | Total number of policies reviewed for consideration | Total number of policies represented for viatication | Total number of policies where representation was refused | Total number of policies sold to a provider | Aggregate net death benefit viaticated | Aggregate net amount paid to viators | | States | Are you doing business in this state? (Y/N) | Total number of policies reviewed for consideration | Total number of policies represented for viatication | Total number of policies where representation was refused | Total number of policies sold to a provider | Aggregate net death benefit viaticated | Aggregate net amount paid to viators |
| Alabama | | | | | | | | | New Jersey | | | | | | | |
| Alaska | | | | | | | | | New Mexico | | | | | | | |
| Arizona | | | | | | | | | New York | | | | | | | |
| Arkansas | | | | | | | | | North Carolina | | | | | | | |
| California | | | | | | | | | North Dakota | | | | | | | |
| Colorado | | | | | | | | | Ohio | | | | | | | |
| Connecticut | | | | | | | | | Oklahoma | | | | | | | |
| Delaware | | | | | | | | | Oregon | | | | | | | |
| Dist. of Columbia | | | | | | | | | Pennsylvania | | | | | | | |
| Florida | | | | | | | | | Rhode Island | | | | | | | |
| Georgia | | | | | | | | | South Carolina | | | | | | | |
| Hawaii | | | | | | | | | South Dakota | | | | | | | |
| Idaho | | | | | | | | | Tennessee | | | | | | | |
| Illinois | | | | | | | | | Texas | | | | | | | |
| Indiana | | | | | | | | | Utah | | | | | | | |
| Iowa | | | | | | | | | Vermont | | | | | | | |
| Kansas | | | | | | | | | Virginia | | | | | | | |
| Kentucky | | | | | | | | | Washington | | | | | | | |
| Louisiana | | | | | | | | | West Virginia | | | | | | | |
| Maine | | | | | | | | | Wisconsin | | | | | | | |
| Maryland | | | | | | | | | Wyoming | | | | | | | |
| Massachusetts | | | | | | | | | American Samoa | | | | | | | |
| Michigan | | | | | | | | | Guam | | | | | | | |
| Minnesota | | | | | | | | | Puerto Rico | | | | | | | |
| Mississippi | | | | | | | | | U.S. Virgin Islands | | | | | | | |
| Missouri | | | | | | | | | Canada | | | | | | | |
| Montana | | | | | | | | | | | | | | | | |
| Nebraska | | | | | | | | | Totals | | | | | | | |
| Nevada | | | | | | | | | | | | | | | | |
| New Hampshire | | | | | | | | | | | | | | | | |

Viatical Settlement Broker Reporting—All States and Territories Instructions

NOTE: *This form must be accompanied by “Viatical Settlement Provider/Broker Certification Form.”*

1. Indicate (Y or N) to all the states and territories where you are currently doing business.
2. Indicate the total number of policies you reviewed for consideration for that state or territory.
3. Indicate the total number of policies you represented for viatication in that state or territory.
4. Indicate the total number of policies you refused to represent for that state or territory.
5. Total number of policies sold to a provider.
6. List the total aggregate net amount of the policies you transacted for viatication in that state or territory.
7. Regarding transaction where you functioned as a broker, list the total aggregate net amount paid to viators in that state or territory.

Viatical Settlement Broker Report

Calendar year

Viatical Settlement Broker's Name

[State] Insureds Only

200_____

[illegible]

VSB 002

Initials of preparer: _____

Viatical Settlement Broker Report—[State] Insureds Only Instructions

NOTE: *This form must be accompanied by “Viatical Settlement Provider/Broker Certification Form.”*

1. List the settlement number, case number, or unique identifying number used by the Viatical Settlement Provider to identify the specific viatical settlement transaction.
2. List the date sold of the viatical settlement contract to the Viatical Settlement Provider.
3. List the total net death benefit.
4. List the net amount (in dollars) paid to the viator.
5. List the amount of commissions (in dollars) paid to all viatical settlement brokers involved in the transaction.
6. List the name of the Viatical Settlement Provider involved in the viatical settlement transaction.

Viatical Settlement Provider/Broker Certification Form

This section should be completed by viatical settlement providers.

Please check all forms submitted:

- ☐ Viatical Settlement Provider Reporting Form - All States and Territories (VSP 001)
- ☐ Viatical Settlement Provider Reporting Form - [State] Viators Only (VSP 002)
- ☐ Individual Mortality Report - [State] Insureds Only (VSP 003)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient for administrative action by the commissioner and potentially, applicable criminal penalties

Signature of individual that prepared reports

Date: ____/____/____

Print or type name

Signature of Authorized Representative

Date: ____/____/____

Print or type name

This section should be completed by viatical settlement brokers.

Please check all forms submitted:

☐ Viatical Settlement Broker Reporting Form - [All States and Territories] (VSB 001)

☐ Viatical Settlement Provider Reporting Form - [State] Viators Only (VSB 002)

I hereby certify that the information contained in the reports indicated above is true and accurate. I acknowledge that providing false and misleading information in the reports, or failing to divulge a fact material thereto, is sufficient grounds for administrative action by the commissioner and potentially, applicable criminal penalties

____/____/____

Date:

Signature of individual that prepared reports

Print or type name

____/____/____

Date:

Signature of Authorized Representative

Print or type name

VSPB 001